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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>09696609 | <b>Applicant(s)/Patent Under Reexamination</b><br>HOFRICHTER ET AL. |
|   | <b>Examiner</b><br>Jason P Salce           | <b>Art Unit</b><br>2421   |

| ORIGINAL                  |  |          |     |     |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|-----|-----|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |     |     |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 725                       |  | 134      |     |     |  | H                            | O | 4 | N | 7 / 18 (2006.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 725                       | 131                                      | 139      | 142 | 151 |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 386                       | 83                                       | 1        | 46  |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |     |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 16    | 17       | 33    | 33       |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 17    | 18       | 20    | 34       |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        | 18    | 19       | 31    | 35       |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        | 19    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        | 21    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        | 22    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 7        | 23    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 8        | 24    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 9        |       | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 10       | 25    | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 11       | 26    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 12       | 27    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 13       | 28    | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 14       | 29    | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 15       | 30    | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 16       | 32    | 32       |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE   |  | <b>Total Claims Allowed:</b><br>31                        |  |
| (Assistant Examiner) _____ (Date) _____<br>/Jason P Salce/<br>Primary Examiner.Art Unit 2421 |  | O.G. Print Claim(s) _____ O.G. Print Figure _____<br>1 2B |  |
| (Primary Examiner) _____ (Date) _____  |  |   |  |